

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

2008 MAY 21 PM 12:54

STEPHANIE LYNN FORD

Plaintiff

V.

CHRISTIANA CARE HEALTH SYSTEMS,

Defendant(s)

RICHARD BURTON, AND CLARA CLARK.APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 07-529
06-301 (MPT)I, STEPHANIE LYNN FORD declare that I am the (check appropriate box)Petitioner/Plaintiff Movant

Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration _____

Inmate Identification Number (Required): _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration detailing all transactions over the past six months.

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. STATE OF DELAWARE
CHRISTINA SCHOOL DISTRICT 19711
83 EAST MAIN ST. NEWARK, DE
wages \$1,062.07
biweekly
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

2nd Job
↓
ALLIED
Barton
Security
824 NORTH
MARKET
STREET
WILM, DE
19801
wages -
\$10.00 per
hour +
32 hours
per week

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev 5/06)

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes" state the total amount \$ 100 00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

PROPERTY VALUE AT \$102,000

☒ Yes ☐ No

If "Yes" describe the property and state its value.

MY PROPERTY AT 19 ALBANY AVE NEWCASTLE, DELAWARE 19728
VALUED AT \$102,000

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

MY DAUGHTER IS DEPENDENT ON MY SUPPORT,
SHE IS 14 YEARS OLD.

I declare under penalty of perjury that the above information is true and correct.

5/21/08
DATE

Stephanie L. Ford
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.